

 **View Claim Summary - File Number: 07022013-100009**

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Property Damage Specialist
P.O. Box 2002, Indio
California, United States
92202

Claim Information

Claim Number : CO13010858
Policy Number :
Insurance Company : Robert Moreno Insurance
Adjuster : Brigitte Heath
Date of Loss : 2013-07-01
Whose Claim : Insured
Owner Name : SANDRA ROMERO
Insured Name : SANDRA ROMERO
Claimant Name :
Inspection Location : RESIDENCE

Appraisal Information

File Number : 07022013-100009
Appraiser : Cu Tran
Reinspector : Not Assigned
Loss Type : Collision
Inspection Date : 2013-07-08
Assigned Date/Time :
Assignment Type : Full Appraisal
ERT (Days) : 2
Possible Supplement :

Vehicle Information

Year : 2007
Make : Toyota
Model : Tacoma
Sub-model : PRERUNNER
VIN : 5TEKU72N47Z379772
Plate : 8H41948
State : California
Milage : 74194
Drivable : Yes
Primary POI : FRONT

Secondary POI :
Vehicle Condition : Good
Interior Condition :
Paint Condition :
Engine :

Repair Information

Recommendation :	Repairable
Estimate 1 Total :	607.17
Estimate 2 Total :	0.00
Estimate 1 Betterment :	0.00
Estimate 2 Betterment :	0.00
Supplement 1 Total :	0.00
Supplement 1 Betterment :	0.00
Supplement 2 Total :	0.00
Supplement 2 Betterment :	0.00
Supplement 3 Total :	0.00
Supplement 3 Betterment :	0.00
Supplement 4 Total :	0.00
Supplement 4 Betterment :	0.00
Subtotal :	607.17
Deductible :	475.00
Original Net Loss :	132.17
Gross Total :	607.17
Supplement Net Loss :	0.00

Tire Information

Make :
Size :
Tired Depth (in 32nds)
L/F R/F
L/R R/R
Spare :

Shop Information

Shop Name : NO SHOP CHOICE
Address 1 :
Address 2 :
City :
State :

Zip :
Phone Number :
Fax :
Agreed Price :
Federal Tax ID # :

Miscellaneous

Towing Charges :
Storage Per Day :
Days :
Approximate Total :
Rental Vehicle : Unknown
Total Rental Potential Cost :
Actual Rental Days :
Actual Rental Amount :
Style :

Claim Remarks

Inspected vehicle at insured's residence in Stockton Ca. on 07/08/2013. Insured pointed out damage to the front. Damage to the front bumper cover. Insured was unable to provide repair facility choice at time of inspection, utilized local average rates for this report. Damage estimate and photos attached for your review and handling.
THANK YOU

FOR SUPPLEMENTS CALL RICH PEREA (760)275-6795 or E-mail: pds9593 @
verizon.net

PROPERTY DAMAGE SPECIALIST

P.O. BOX 2002 , INDIO , CA 92202
(760) 275-6795
Fax: (760) 863-5349

Damage Assessed By: CU TRAN

Appraised For: ROBERT MORENO INS. / BRIGITTE HEATH
(714) 738-1383 ext. 2326

Condition Code: Good
Date of Loss: 7/ 1/2013
Contact Date: 7/ 2/2013
Deductible: 475.00
Claim Number: CO13010858

Type of Loss: Collision

Insured: SANDRA ROMERO
Address: 3842 VECCHIO LANE , STOCKTON, CA 95212
Telephone: Home Phone: (209) 479-3052

Mitchell Service: 910438

Description: 2007 Toyota Tacoma PreRunner
Body Style: 4D PkUpCrw 6' Bed 141" WB
VIN: 5TEKU72N47Z379772
Mileage: 74,194
OEM/ALT: A
Color: SILVER MET
Options: PASSENGER AIRBAG, DRIVER AIRBAG, POWER LOCK, POWER WINDOW, MANUAL AIR CONDITION
TILT STEERING COLUMN, TELESCOPIC STEERING COLUMN, SKID PLATES
ANTI-LOCK BRAKE SYS., FOG LIGHTS, PICKUP TRUCK BED LINER, TRAILER TOWING PKG.
ALUM/ALLOY WHEELS, AUTOMATIC TRANSMISSION, FRONT AIR DAM, TINTED GLASS
VARIABLE ASSISTED STEERING, ANTI-THEFT SYSTEM, AM/FM STEREO CD
FRONT BUCKET SEATS

Vehicle Production Date: 1/07
Drive Train: 4.0L Inj 6 Cyl 2WD
License: 8H41948 CA
Search Code: C641223

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
<u>Front Bumper</u>							
1	002524	BDY	OVERHAUL	Frt Bumper Assy			2.1 #
2	000018	BDY	REPAIR	Frt Bumper Cover	Existing		1.5* #
3				** damage @ Rt side below Rt headlamp **			
4		REF	REFINISH/REPAIR	Frt Bumper Cover			C 2.0*
5				MODIFIED REFINISH WITH FULL CLEAR COAT			
<u>ADDITIONAL OPERATIONS</u>							
6		REF	ADD'L OPR	Clear Coat			1.0
<u>ADDITIONAL REFINISH OPERATIONS</u>							
7	933003	BDY *	ADD'L OPR	TINT COLOR			0.5*
<u>Additional Costs & Materials</u>							
8			ADD'L COST	Paint/Materials		99.00 *	
9			ADD'L COST	Hazardous Waste Disposal		3.00 *	

ESTIMATE RECALL NUMBER: 07/08/2013 20:45:54 9717

Mitchell Data Version: OEM: APR_13_V

MAPP:APR_13_V

Software Version: 7.0.485

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* - Judgment Item
- Labor Note Applies
C - Included in Clear Coat Calc

Estimate Totals

I.	Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	II.	Part Replacement Summary	Amount
	Body	4.1	70.00	0.00	0.00	287.00			
	Refinish	3.0	70.00	0.00	0.00	210.00		Total Replacement Parts Amount	0.00
	Non-Taxable Labor					497.00			
	Labor Summary	7.1				497.00			
III.	Additional Costs					Amount	IV.	Adjustments	Amount
	Taxable Costs					99.00		Insurance Deductible	475.00-
	Sales Tax		@	8.250%		8.17		Customer Responsibility	475.00-
	Non-Taxable Costs					3.00			
	Total Additional Costs					110.17			
	Paint Material Method: Rates								
	Init Rate = 33.00 , Init Max Hours = 99.9, Addl Rate = 0.00								
							I.	Total Labor:	497.00
							II.	Total Replacement Parts:	0.00
							III.	Total Additional Costs:	110.17
								Gross Total:	607.17
							IV.	Total Adjustments:	475.00-
								Net Total:	132.17

Point(s) of Impact

12 Front Center (P), 1 Right Front Corner (S)

Body Shop: " NO REPAIR FACILITY CHOICE "
CA

Inspection Site: INSURED'S RESIDENCE
Address: 3842 VECCHIO LANE
STOCKTON, CA 95212
Inspection Date: 7/ 8/2013

"THIS IS NOT AN AUTHORIZATION FOR REPAIR NOR A GUARANTEE OF PAYMENT.
YOU MUST CONTACT THE INSURANCE COMPANY TO CONFIRM COVERAGES AND
PAYMENT. THIS APPRAISAL IS SUBJECT TO REVIEW AND ADJUSTMENT."

***ANY DAMAGE NOT ON THIS ESTIMATE MUST BE REINSPECTED PRIOR TO REPAIR

ESTIMATE RECALL NUMBER: 07/08/2013 20:45:54 9717

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BY THE APPRAISER. FAILURE TO HAVE REINSPECTION WILL RESULT IN
NON-PAYMENT!!!!!!!***

Pursuant to California Code of Regulations Section 2695.8(g)
The insurance company named on this damage estimate warrants that all
non-original equipment replacement parts listed herein are of like,
kind, quality, safety, fit and performance as original equipment
manufacturer replacement crash parts

Itemized Totals

I. Labor Subtotals	Units	Rate	Totals
Body	4.1	70.00	287.00
Repair	1.5	"	105.00
Overhaul	2.1	"	147.00
Additional Operation	0.5	"	35.00
Refinish	3.0	70.00	210.00
Refinish/Repair	2.0	"	140.00
Additional Operation	1.0	"	70.00
Non-Taxable Labor			497.00
Labor Summary	7.1		497.00

II. Part Replacement Summary	Amount
Total Replacement Parts Amount	0.00

III. Additional Costs	Amount
Taxable Costs	99.00
Sales Tax @ 8.250%	8.17
Non-Taxable Costs	3.00
Total Additional Costs	110.17

IV. Adjustments	Amount
Insurance Deductible	475.00-
Customer Responsibility	475.00-

Paint Material Method: Rates

Init Rate = 33.00 , Init Max Hours = 99.9, Addl Rate = 0.00

I.	Total Labor:	497.00
II.	Total Replacement Parts:	0.00
III.	Total Additional Costs:	110.17
	Gross Total:	607.17
IV.	Total Adjustments:	475.00-
	Net Total:	132.17







